Super User Training Feedback

Course Date: _____

Venue: _____

How would you rate the following?

	Great		OK	Poor	Very Poor
Overall satisfaction with the day	☐	☐	☐	☐	
Relevance of content	☐	☐	☐	☐	
Presentation of material	☐	☐	☐	☐	
Pace of the day (timing)/Organisation	☐	☐	☐	☐	
Technical overview	☐	☐	☐	☐	
AURICAL configuration	☐	☐	☐	☐	
Clinical overview	☐	☐	☐	☐	
Trouble shooting	☐	☐	☐	☐	
Resources available for later	☐	☐	☐	☐	

What was the best thing about today?

_____

_____

_____

_____

What can we do to improve this course?

_____

_____

_____

_____

otometrics
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